Department	t of Veteran	s Affairs	AUTHORIT	Y TO RELEAS	SE AND S	SHIP EFFECTS AND FUNDS	
NAME (Check distribution) CHIEF, FINANCE (FISCAL) DIVISION PATIENTS CLOTHING AND VALUABLES CUSTODIAN		CHIEF, SUPPLY DIVISION	NAME OF BENEFICIA	NAME OF BENEFICIARY			
DATE OF BENEFICIARY'S D	EATH	DATE SHIPPED (I	Divided)	CLAIM NO.		SOCIAL SECURITY NO.	
RELEASE AND SHIP (DELIVER) EFFECTS OR FUNDS TO							
NAME OF RECIPIENT (Specify relationship and whether designee or alternate)				ADDRESS	ADDRESS		
deposit in PERSONAL	FUNDS OF PA	TIENTS to the ands covers poss	credit of the above dec ession only, and such t	eased beneficiary. (Shi	pment of person	ects and/or the unencumbered balance of funds on nal effects at Government expense shall not exceed ereto. If contested, payee will be accountable to the	
REMARKS							
DATE		SIGNATURE OF D	DIRECTOR (or designee)				

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